SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zonling Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT NOV 13 2015

| Refund: | | Amount Paid: | Date: | Permit #: |
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| | 京 | \$ | | 15-075 feet |
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Bayfield Co. Zoning Dept

| Commercial Use Owner's Name: Malling Address: Malling Address Malling | SANITARY PRIVY SANITARY PRIVY SANITARY PRIVY ABOUTH Phone: City/State/Zip: Contractor Phone: Town of: Contractor Phone: Town of: Seasonal Proposed Struct Proposed Struct Proposed Struct Frag Porch Proposed Struct Proposed Struct Proposed Struct Cits tructure on property In, hunting shack, etc.) AAD Length: City/State/Zip: Contractor Phone: Contra | Secretarial Staff FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT of TWO acknowledge and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) further accept fiability which (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relief upon by Bayfield County in determining whether to issue a permit. I (we) further accept fiability which (are) providing and that it will be relief upon by Bayfield County in determining whether to issue a permit. I (we) further accept fiability which (are) providing and that it will be relief upon by Bayfield County in determining whether to issue a permit. I (we) further accept fiability which (are) from the first of all formation I (we) and (are) providing and that it will be relief upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct and complete. I (we) acknowledge and belief it is true, correct an |
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| Mailing Address: The Box Solve State / Zip: City/State / Zip: City/State / Zip: City/State / Zip: City/State / Zip: Agent Phone: Agent Phone: Agent Phone: Od-Od - J-J-44-L Lot(s) CSM Vol & Page Lot(s) GM Town of: J Sw Fiver, Stream (incl. Intermittent) of River, Stream (incl. Intermittent) of River, Stream (incl. Intermittent) of River, Stream (incl. Intermittent) | SUED TO APPLICANT. SUED TO APPLICANT. SANITARY PRIVY Mailing Address: City/State/Zip: | |
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| + Tonya JAROZEWSKI RO BOX 1 erry: PO BOX 1 | SUED TO APPLICANT. SANITARY PRIVY Mailing Address: LT P.O. Box City/State/Zip: | Plumber: |
| | SUED TO APPLICANT. SANITARY PRIVY Mailing Address: | 86 CABLE, WI SYED! |

Address to send permit _

186

ABLE

C8/2

Attach
Copy of Tax Statement
Gopy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

(If you

of the owner(s) a letter of authorization must accompany this application)

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Setback from the Centerline of Platted Road | 1420+ | Feet | Setback from the Lake (ordinary high-water mark) | 168+ | Feet |
|---|----------|------|--|-------|------|
| Setback from the Established Right-of-Way | • | Feet | Setback from the River, Stream, Creek | | Feet |
| | | | Setback from the Bank or Bluff | | Feet |
| Setback from the North Lot Line | رم م | Feet | | | |
| Setback from the South Lot Line | 200+ | Feet | Setback from Wetland | | Feet |
| Setback from the West Lot Line | NIA LAKE | Feet | 20% Slope Area on property | ☐ Yes | No |
| Setback from the East Lot Line | ナロがな | Feet | Elevation of Floodplain | | Feet |
| | | | | | |
| Setback to Septic Tank or Holding Tank | 20+ | Feet | Setback to Well | 125 | Feet |
| Setback to Drain Field | 70+ | Feet | | | |
| Sathack to Driva (Dortable Composting) | | Feet | | | |

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits.

| | | *************************************** | Hold For Fees: | | Hold For Affidavit: | Hold For TBA: | Hold For Sanitary: |
|------|--|--|---|--|--|--|--|
| 17/5 | val: | Date of Approval: | | | | Josh Paller | Signature of Inspector: |
| | | | | Yes U NO —(II No they need to be attached.) | | Work for Mussian Madrethers. No watth curdus pressure. | Wot for Mu. |
| | tion: | Date of Re-Inspection: | | | l Ö | | Date of Inspection: |
| _ | | Lakes Classification | | | The state of the s | Staked & 24 100 Ape feested | Stakes 4 0 |
| _ | Î | Zoning District | | Herase. Proper | Seance Somall & | Inspection Record: location States will seasone Some Il Garage property live | Inspection Record: |
| No O | Annual Annua | Xyes | Represented by Owner Was Property Surveyed | Were Property Lines Represented by Owner Was Property Surveyed | | Was Parcel Legally Created ■Yes □ No Was Proposed Building Site Delineated ▼Yes □ No | Was Parcel Was Proposed Building |
| | | # | ance (B.O.A.) Case # | Previously Granted by Variance (B.O.A.) | |).A.) Case #: | Granted by Variance (B.O.A.) |
| No S | □ Yes □ Yes | Affidavit Required Affidavit Attached | X No | Mitigation Required ☐ Yes Mitigation Attached ☐ Yes | M No M No | dard Lot | Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming |
| | | | | 5 | Permit Date: 11-19-15 | | Permit #: 15-0453 |
| | | | | | Reason for Denial: | | Permit Denied (Date): |
| | | Sanitary Date: | # of bedrooms: | #ofb | Sanitary Number: | Issuance Information (County Use Only) | Issuance Information |